

REQUEST FOR RADIATION BADGE FORM

Instructions: Please supply the information requested below. Upon completion of this form, return it to the Radiation Safety Office. An appropriate monitoring device will be issued by the Radiation Safety Officer. Please print or type on this form.

Name: Last _____ First _____ Middle _____

Date of Birth: _____ EUID #: _____ Sex (M/F) ____

Department: _____ Office Phone #: _____

Your Position: _____ Radioisotope/Device to be monitored _____

Name of AU/ Supervisor: _____

Radiation Exposure History

Have you ever been issued a dosimeter at HSC? Yes ___ No ___

Have you been previously monitored while working elsewhere? Yes ___ No ___

(If you answered yes, please supply the information requested below for your last job for which you were monitored)

Company: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Radiation Worker

Date

Signature of Supervisor

Date

Radiation Safety Official Use Only

Date issued: _____ Group: _____ Participant #: _____

*AU – Authorized User

To:

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

From:

Name

Radiation Safety Office

Office of Environmental Health & Safety

Subject: Request for Radiation Exposure History

To Whom It May Concern:

The person listed below worked at your institution and has disclosed that he/she was monitored for radiation exposure while doing so. UNTHSC request to know about this person's history of radiation exposure while working at your institution to comply with the rules of 10CFR20. Include any bioassay, if any, results that helped determine the effective dose equivalent that person may have received.

Name; Last _____ First _____ MI _____

From: _____ To: _____

Please report should be forwarded to:

UNTHSC

3500 Camp Bowie Blvd

Attn: Radiation Safety Officer

Office of Environmental Health & Safety

Fort Worth, TX 76107

Sincerely,

Name:

Radiation Safety Officer

Authorization for release of confidential radiation exposure records.

To whom it may concern:

I hereby authorize and request that my records of radiation exposure history be released to Radiation Safety Office at UNTHSC. Full Name: _____

Signature

Date